

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6031

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

182

1. PLACE OF DEATH

A. COUNTY Cochise

2. USUAL RESIDENCE

(WHERE DECEASED LIVED.)

A. STATE Calif.

(IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)

B. COUNTY

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) Holtville

D. STREET ADDRESS Gen. Del. (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED

A. (FIRST) Thomas

B. (MIDDLE) J.

C. (LAST) Smith

4. SEX Male

5. COLOR OR RACE White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH Aug 14 1895

8. AGE 55 YEARS 4 MONTHS 12 DAYS

9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Farmer

9B. KIND OF BUSINESS OR INDUSTRY Farming

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Okla

11. CITIZEN OF WHAT COUNTRY? U S

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE DATES OF SERVICE) yes 1942

13. SOCIAL SECURITY NO.

14A. FATHER'S NAME F A Smith

14B. BIRTHPLACE (STATE OR COUNTRY) Okla

15A. MOTHER'S MAIDEN NAME Hatter Landis

15B. BIRTHPLACE (STATE OR COUNTRY) Okla

16. INFORMANT'S SIGNATURE County Hospital Records

ADDRESS

17. DATE OF DEATH

(MONTH) dec

(DAY) 26

(YEAR) 1950

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

MEDICAL CERTIFICATION

LIROPHOSIS OF LIVER

INTERVAL BETWEEN ONSET AND DEATH

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM DEC 25 1950 TO DEC 26 1950 THAT I LAST SAW THE DECEASED ALIVE ON DEC 26 1950, AND THAT DEATH OCCURRED AT 3:57 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE 12-28-50

24C. NAME OF CEMETERY OR CREMATORY Calvary

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.

25A. DATE REC'D BY LOCAL REG. dec. 27-50

25B. REGISTRAR'S SIGNATURE E. W. Adamson

25. FUNERAL DIRECTOR'S SIGNATURE Gordon Brown

26. ADDRESS 238

CERT. NO.